PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003

RUM 223

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	SMALL ENTITY OTHER THAT TYPE OF SMALL ENT			
T	OTAL CLAIMS	3		17		RATE	FEE	7	RATE	FEE
F(	OR		NUMBER		IMBER EXTRA	BASIC FEE	<del></del>	OR		<del>                                     </del>
	OTAL CHARGE	ABLE CLAIMS	1:3-	inus 20= * (	2	X\$ 9=		OR	7,010	
INI	DEPENDENT C	CLAIMS	3 m	ninus 3 =	0	X43=	<del>                                     </del>	OR	VOC	. 1
ΜL	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT			+145=	<del>                                     </del>	OR		
* 11	f the difference	e in column 1 is	less than z	ero, enter "0" ir	n column 2	TOTAL	385	OR	TOTAL	
	C	CLAIMS AS A	MENDE	) - PART II					OTHER	
_		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*	Minus	**	=	XS 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MU	JETIPLE DEF	PENDENT CLAIR	М	+145=	. 1	OR	+290=	
		•				TOTAL	<b></b>	վ <b>՝</b>	TOTAL	
		(Onlymn 1)		(O-1:	(O-1	ADDIT. FEE	<u> </u>	10	ADDIT. FEE	
	Τ	(Column 1) CLAIMS	Т	(Column 2) HIGHEST	(Column 3)			1 r		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	PENDENT CLAIN	= M	X43=		OR	X86= .	
<u> </u>	FIRST FILES.	NIAHUN OF ILL	LIPLE DE	ENDENT CO	<u>^                                    </u>	+145=		OR	+290=	
						TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
_		(Column 1)		(Column 2)	(Column 3)		<del>-</del>			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
W C	Total .	*	Minus	**	= .	X\$ 9=		OR	X\$18=	
ME	Independent	ــــــــــــــــــــــــــــــــــــــ	Minus	and a	=	X43=		l	X86=	, <u> </u>
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<del></del>		OR	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	mn 1 is less than the	· · · · · · · · · · · · · · · · · · ·	2		+145=	(	OR	+290=	
!	If the "Highest Nurr If the "Highest Nur	mber Previously Paid Imber Previously Paid	aid For" IN THIS	S SPACE is less the S SPACE is less the	han 20, enter "20." han 3, enter "3."	TOTAL ADDIT. FEE	(	OR A	TOTAL ADDIT. FEE	
		nher Previously Paid				facinal in the ann				